

## National Diabetes Education Program (NDEP) Partner Evaluation Form

**Purpose:** To provide the NDEP with information about its network partners' activities, to foster sharing of ideas throughout the network, and to support the partner-dependent mission of the NDEP.

**Note:** Are you a member of the NDEP Partnership Network? ☐ Yes ☐ No ☐ I don't know  
If no, do you wish to become a member? ☐ Yes\* ☐ No

Name of partner: \_\_\_\_\_

Type of partner:

- ☐ An individual person or small group
- ☐ Nonprofit lay organization
- ☐ Nonprofit diabetes professional organization
- ☐ Government/public organization
- ☐ For profit commercial organization
- ☐ Nonprofit professional organization (not diabetes specific)
- ☐ Other: Specify \_\_\_\_\_

Name of official representative to NDEP: \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

(please print clearly)

Name(s) of additional person(s) in your organization/group or place of work who should receive NDEP-related information (contact person) \_\_\_\_\_

\_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of person completing this questionnaire: \_\_\_\_\_

\*We will forward your contact information to the clearinghouse.

**Partner organization/group activities**

**The following questions relate to your primary organization/group or place of work.**

1. Please indicate the scope of your activity.

- ☐ International organization (Organization has offices in more than one nation, or relates to activities in multiple nations)
- ☐ National organization (Organization has an office that relates to activities in multiple states of the U.S., or to another sovereign nation besides the U.S.)
- ☐ State organization (Organization's primary office relates to one state of the U.S.)
- ☐ Local organization (Organization's primary office relates to one community within a state or nation)
- ☐ Individual person or small group.

2. Estimate the number (FTE) of paid staff in your organization:

- ☐ None
- ☐ 1-10
- ☐ 11-50
- ☐ 51-100
- ☐ 101-1,000
- ☐ 1,001 or more

3. If your organization has a formal membership process, estimate the number of members:

- ☐ None
- ☐ 0-100
- ☐ 101-500
- ☐ 501-1,000
- ☐ 1,001-5,000
- ☐ 5,000 or more

4. Please indicate the primary purpose(s) of your organization. Check all that apply.

- ☐ Health care professional organization
- ☐ Educational services for members
- ☐ Educational services for the public
- ☐ Research support
- ☐ Provision of health care services
- ☐ Advocacy for constituents' interests
- ☐ Development of care guidelines
- ☐ Professional education
- ☐ Certification/Recognition for provides and or programs
- ☐ Other, specify: \_\_\_\_\_

5. Indicate the nature of your organization's membership by checking all that apply:

- ☐ Health care professionals: Type \_\_\_\_\_
- ☐ Researchers: Type \_\_\_\_\_
- ☐ Members of specific ethnic groups: Group \_\_\_\_\_
- ☐ Any person with interest in the organization's program
- ☐ Other, specify: \_\_\_\_\_

6. How has your organization informed your membership about the NDEP? Check all that apply.

- ☐ Newsletter
- ☐ Personal communication
- ☐ Agenda item on Board or Committee meetings
- ☐ Distribution of NDEP materials (see next question)
- ☐ Linked to NDEP Web site
- ☐ Other, please describe: \_\_\_\_\_
- ☐ Have not informed membership of NDEP

7. Has your organization used any NDEP materials?

- ☐ No
- ☐ Yes (If yes, please list the materials used, and indicate how they were distributed.)

Materials	Distribution	Usefulness (1=little to 5=very)
<b>Materials for People with Diabetes</b>		
Take Care of Your Feet for a Lifetime		
Cuide sus pies durante toda su vida		
Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy		
Control Your Diabetes. For Life. Tips for Feeling Better and Staying Healthy, Photocopy Master		
Tome su diabetes en serio, para que no se vuelva cosa seria. Recomendaciones para sentirse mejor y estar mas saludable		
If You Have Diabetes, Know Your Blood Sugar Numbers		

<b>Materials</b>	<b>Distribution</b>	<b>Usefulness (1=little to 5=very)</b>
Sepa cuánta azúcar tiene en la sangre: Hágase la prueba para controlar el azúcar sanguíneo		
7 Principles for Controlling Your Diabetes for Life		
7 Principios para controlar la diabetes para toda la vida		
The power to control diabetes is in your hands		
The power to control diabetes is in your hands, Photocopy Master		
El poder de controlar su diabetes está en sus manos		
El poder de controlar su diabetes está en sus manos, Original para Fotocopiar		
<b>Materials for Health Care Providers</b>		
Feet Can Last a Lifetime Kit		
Diabetes Numbers at-a-Glance		
Guiding Principles of Diabetes Care		
Guía de Principios para el Cuidado de la Diabetes		
The power to control your diabetes is in your hands, Poster		
El poder de controlar su diabetes está en sus manos, Afiche		
The power to control diabetes is in your hands, Countertop Display		

<b>Materials</b>	<b>Distribution</b>	<b>Usefulness (1=little to 5=very)</b>
El poder de controlar su diabetes está en sus manos, Exhibición de Contramesa		
<b>Materials for Organizations</b>		
Control Your Diabetes. For Life. Campaign Guide for Partners		
Control Your Diabetes. For Life. Campaign Videotape 1999 Edition (VHS)		
Control Your Diabetes. For Life. Campaign Videotape 1998 Edition (VHS)		
Changing the Way Diabetes Is Treated (The NDEP Program Video)		
Diabetes Control: Five Communities Reach Out Videotape 2000 (VHS)		
Diabetes Community Partnership Guide		
Making a Difference: The Business Community Takes on Diabetes		
<b>Media Kits</b>		
General Audience Campaign Media Kit		
African-American Media Kit		
American Indian Media Kit		
Asian American and Pacific Islander Media Kit—English Version		

<b>Materials</b>	<b>Distribution</b>	<b>Usefulness (1=little to 5=very)</b>
Asian American and Pacific Islander Media Kit—Translated Versions <ul style="list-style-type: none"> <li>• Cambodian</li> <li>• Lokano (for Filipinos)</li> <li>• Chinese</li> <li>• Korean)</li> <li>• English (for Asian Indians)</li> <li>• Laotian</li> <li>• Gujarati (for Asian Indians)</li> <li>• Samoan</li> <li>• Hindi (for Asian Indians)</li> <li>• Tagalog (for Filipinos)</li> <li>• Hmong</li> <li>• Vietnamese</li> </ul>		
Hispanic/Latino Media Kit		
Other:		
Other:		

8. List any diabetes-related programs or activities conducted by your organization involving NDEP during calendar year 2000 (i.e., newsletter articles, a community health fair, media events). If you have conducted more than 4 activities, please attach separate page. Please check as many as apply

(a) Nature of program or activity: \_\_\_\_\_

- ☐ Activity developed prior to NDEP
- ☐ Activity would have been implemented with or without NDEP
- ☐ Activity was prompted by NDEP
- ☐ Activity was enhanced by NDEP support or materials

(b) Nature of program or activity: \_\_\_\_\_

- ☐ Activity pre-existed NDEP
- ☐ Activity would have been implemented with or without NDEP
- ☐ Activity was prompted by NDEP
- ☐ Activity was enhanced by NDEP support or materials

(c) Nature of program or activity: \_\_\_\_\_

- ☐ Activity pre-existed NDEP
- ☐ Activity would have been implemented with or without NDEP
- ☐ Activity was prompted by NDEP
- ☐ Activity was enhanced by NDEP support or materials

(d) Nature of program or activity: \_\_\_\_\_

- ☐ Activity pre-existed NDEP
- ☐ Activity would have been implemented with or without NDEP
- ☐ Activity was prompted by NDEP
- ☐ Activity was enhanced by NDEP support or materials or constituents

9. Do you think NDEP has had any impact on the members or constituents of your organization?

- ☐ No                      ☐ Yes (If yes, check all that apply.)                      ☐ I don't know

- ☐ More aware of seriousness of diabetes
- ☐ More knowledgeable about diabetes
- ☐ More diabetes care seeking efforts
- ☐ More interested in diabetes program
- ☐ Not sure
- ☐ Other, Specify: \_\_\_\_\_

10. To what do you attribute this impact?

- ☐ Your organization's diabetes-related activities
- ☐ General NDEP campaign
- ☐ Specific NDEP materials
- ☐ Other, Specify: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Partner/NDEP Interface Activities

We want your honest opinion. The information will remain confidential.

1. To what extent was your organization involved in the design and development phase of the NDEP *prior* to the official NDEP launch in June 1997?

Not at all		Somewhat		A great deal	
1	2	3	4	5	

**Example:**

Not at all		Somewhat		A great deal	
		Provided feedback on materials		Attended planning meetings	

2. To what extent was your organization been involved in the planning and execution of NDEP activities *since* the NDEP launch in June 1997?

Not at all		Somewhat		A great deal	
1	2	3	4	5	

3. What kinds of contact with the NDEP has your organization had during the 12-month period of calendar 2000? **Please do not include requests for materials.** Check all that apply.

- ☐ Phone calls to/from NDEP staff
- ☐ Written communication (letters, memos, announcement, etc.)
- ☐ Attendance at NDEP Partnership Network meetings
- ☐ Conference calls
- ☐ Request by your organization for NDEP involvement in one of your activities  
If checked, please describe: \_\_\_\_\_
- ☐ Request by NDEP for involvement of your organization in an NDEP-initiated activity  
If checked, please describe: \_\_\_\_\_
- ☐ Participation in NDEP Steering Committee
- ☐ Participation in NDEP Work Groups, which one(s)? \_\_\_\_\_
- ☐ Add conference call



## Opinions/Feedback

### 1. Value of NDEP Partnership

To what extent has participation in the NDEP Partnership Network been of value to your organization?

Not at all		Somewhat		A great deal	
1	2	3	4	5	

### 2. Please describe expectations that your organization had as an NDEP Partner that *have* not materialized? \_\_\_\_\_

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### 3. Please describe new NDEP directions/programs/audiences that would be beneficial to your organization: \_\_\_\_\_

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### 4. General comments/suggestions about NDEP partnership and how we can work together in a more efficient or effective way with your organization: \_\_\_\_\_

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5. Do you have any other suggestions for improving the NDEP?

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Date completed \_\_\_\_\_

Please mail or fax this form to:  
National Diabetes Education Program  
IQ Solutions, Inc.  
11300 Rockville Pike, Suite 801  
Rockville, Maryland 20852  
Fax: (301) 984-4416